



HEALTH UNIT HANDBOOK

U.S. Embassy Mexico

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(see us at least 2 weeks before you run out of medication)

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USEFUL WEBSITES

Exercise & Nutrition:

See page 17

Health Unit:

mexicocity.state.gov/HU.html

Medical Information

www.nlm.nih.gov/medlineplus

Mental Health:

See page 21

Poisoning:

www.poison.org

Smoking Cessation:

www.quitnet.org

State Med:

med.state.gov

Travel Health:

med.state.gov/travax
www.cdc.gov/travel

Vaccinations:

www.cdc.gov/nip

Welcome!

This handbook has been designed to be a useful reference for you during your stay. It is provided for your guidance, therefore the recommendations made will follow, whenever possible, the guidelines of the State Department's Office of Medical Services.

IN CASE OF EMERGENCIES

Emergency instructions can be found on the back page. Please take the time to review the information, before you need it in an emergency. There are also sections for you to fill out with personal information. Please keep it up to date, and store it near your phone or somewhere handy, just in case.

Please take a look at the maps and find the hospital closest to you, take a drive down, find out how you can drop someone off at the emergency department, where to park, etc.

It is important to familiarize yourself with the route to the nearest emergency department before an emergency arises. It will be much less stressful if you already know the route and where to park.

It is important that you contact us when there is an emergency. Should hospitalization or extensive testing be required, it is helpful having the health unit staff fully integrated in the process early.

MEDICAL CARE IN MEXICO CITY

Mexico is a developing nation but is in the upper half of the world's economies. The best private health facilities in Mexico City are *comparable* to those in other industrialized countries.

However, we still recommend that you return to the United States for some services including obstetrics.

IF YOU HAVE CHILDREN

Take the time to establish a relationship with your chosen pediatrician. During an emergency, it is easier for your child if they are comfortable with the doctor. Also, pick a doctor closest to you: having a sick child in a car for an extended period can be agony for both the child and their parents. Ask other mission members in your area, and pick up a list of pediatricians (or any other specialist) from the Health Unit.

IF YOU HAVE ANY QUESTIONS

Any relocation to a new post can be associated with changes. To minimize those hassles, we in the health unit are available to assist you with any medical concerns that might develop during your posting here.

This book was designed to answer the most common issues that arise. Every effort has been taken to ensure that the information presented is accurate. However phone numbers, regulations and costs of services may change. Help us keep this booklet up-to-date. If you notice any mistake, don't hesitate to let us know.

We hope your stay here will be a healthy and happy one.

The Health Unit Staff,
Mexico City.

Tel: 5080-2800

Fax: 5080-2380

HU Services

CHECKING IN

Please get in touch with us when you arrive with the following documents (one for each family member):

- ☐ Registration sheet (will be given to you at orientation, if not, you can pick one up at the Health Unit)
- ☐ Medical Clearance status (copy)
- ☐ Previous Clearance Exams (copy)
- ☐ Vaccination records (copy)
- ☐ Any past medical records (copy)
- ☐ Insurance cards (copy)

ABOUT US

WHAT?

We provide consultation and treatment for illness or injury, immunizations, counseling and assistance with medical referrals and evacuations to all eligible persons. We are also here to promote wellness and prevent illness, so please see us if you have any health issues you would like to discuss.

WHERE?

On the “P” level, between the cafeteria and the CLO office.

- Intranet website:
mexicocity.state.gov/HU.html
- Tel: 5080-2800
- Fax: 5080-2380

WHO?

1. Foreign Service Nurse Practitioner (FSHP)
2. Regional Medical Officer (RMO)
3. Regional Medical Officer/ Psychiatrist (RMO/P)
4. Laboratory Technician
5. Receptionist / Secretary
6. Registered Nurse(s)

For more information regarding who's who in the Health Unit, please refer to our website (see previous section “Where?”).

WHEN?

Walk-ins for *acute* illness: weekdays from 9am to noon on a first come first served basis.

Physical examinations, health maintenance visits, well baby check ups and immunizations are done *by appointment only*.

Direct hire staff (FHSP, RMO & RMO/P) have a demanding travel schedule but are willing to see you whenever they are at post – *by appointment only*.

ORIENTATION

Health unit orientation in Mexico City is part of newcomer's orientation organized by the CLO: every Wednesday in peak transfer season (June to September) and bi-weekly at other times. For more information, contact the CLO at 4025, 4111 or 2626.

If you have any questions that were not answered during orientation, feel free to contact the Health Unit at any time at 5080-2800.

WALKING BLOOD BANK

Because of the unavailability/unreliability of local blood banking facilities, the health unit maintains an updated list of potential blood donors registered by blood type. If you require blood, or would like to be on the list of donors, please let us know.

LABORATORY

The Laboratory draws routine blood samples on weekdays from 0830 – 0915. Routine urine and stool specimens are accepted from 0830 – 1200, and results are available after 1500, except for any cultures, which take 24–48 hours.

IMPORTANT:

Lab specimens will **not** be accepted by the lab tech without the request of a health care provider. Also, if you are enquiring after your results please speak to the provider who authorized the testing.

IMMUNIZATION PROGRAM

Please bring your yellow international immunization record to the health unit to make sure that immunizations needed for your stay are up to date.

RECOMMENDED VACCINATIONS FOR MEXICO CITY

- ❑ **Hepatitis A**
(2 shot series, lifetime coverage, for children 1 year and above)
- ❑ **Hepatitis B**
(3 shot series, lifetime coverage, part of childhood vaccinations)
- ❑ **Typhoid**
(Vaccine dependent coverage – from 2 to 5 years, for children 2 years and above)
- ❑ **Influenza**
(Yearly booster, for children 6 months and above)

Before any foreign travel, always check with us about any immunizations and medical documentation you will need, specific to the area you are traveling.

Traveler's health information online:

- med.state.gov/travax.cfm
- www.cdc.gov/travel/camerica.htm

Traveler's vaccines:

- www.cdc.gov/travel/vaccinat.htm

CHILDHOOD IMMUNIZATIONS

Children traveling and residing overseas are often at increased risk of exposure to contagious pediatric diseases that are more common outside of the U.S. Get the best protection for your child—make sure your child is immunized on schedule. For a complete list of recommended immunizations, just select your child's birth date at this website (from birth to 5 years):

www2a.cdc.gov/nip/scheduler_le/default.asp

Children 6 and above are usually up to date with their childhood vaccinations. If you have doubts about their travel vaccinations, please refer to the previous section.

ADULT IMMUNIZATIONS

Vaccines are recommended for children, but adolescents and adults can benefit from vaccines, too.

Use this quiz to find out what vaccines **YOU** may need:

www2.cdc.gov/nip/adultImmSched/

Common routine adult vaccinations:

- ❑ Tetanus/ diphtheria within the last 10 years.
- ❑ Measles (2 shot series) for those born in 1957 or later without history of disease or of 2 adequate doses of live vaccine at any time during their life.
- ❑ Chickenpox for anyone who has no reliable evidence of previous infection.

LOCAL SPECIALISTS

We maintain a regularly updated list of local physicians and specialists: including dentists, cardiologists and OBGYNs. Almost all doctors listed speak fluent English.

We try and keep the lists as current as possible, and appreciate feedback about any of the doctors: positive or negative.

Please make sure you hand carry your medical records.

- ❑ Find out Health information about your next post from:
med.state.gov/travax.cfm
- ❑ Get your vaccines reviewed.

OTHER ACTIVITIES

Are you interested in the following?

- CPR classes
- First aid classes
- Weight reduction
- Quitting smoking
- Reducing your cholesterol levels
- Stress reduction
- Anything else?

We organize classes and seminars on demand, as well as individual dietary counseling with respect to weight loss or cholesterol reduction. If you have a sizeable group of colleagues who are interested in the same topic, do make arrangements with us for classes.

Also look out for our weekly column in The Aztec Calendar, and on bulletin boards next to the elevators, for more information.

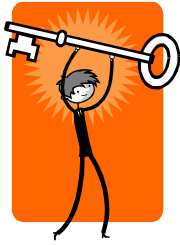
LEAVING POST

Here is a general timeline of what needs to get done at the Health Unit prior to your departure.

1. 3 to 12 months prior to departure
 - ❑ Start the Medical Clearance process
(See Pg 5).
2. 2 weeks prior
 - ❑ Get a copy of your health records from the secretary. Doing this early is especially important if you have a large family or large records, as it will take time to copy them.

DoS Medical Program

HEALTH UNIT ELIGIBILITY



(See 3 FAM 684.7)

The Department's medical program was established to provide access to health care for USG direct hire employees of participating agencies and their eligible

dependents assigned overseas **WITH A VALID MEDICAL CLEARANCE** (see 3 FAM 1900).

Dependents older than 21 (including parents and children) are **NOT ELIGIBLE** for Health Unit access, hospitalization or medical evacuation under the Department of State Program, *even though they may be authorized travel to post*. (Please see Miscellaneous section, page 21 for more information).

Health care personnel cannot provide services to unofficial patients unless written authorization has been received from the Chief of Mission. For those granted emergency access, authorization must be provided each time the patient is seen.

MEDICAL CLEARANCES

(See 16 FAM 220)

WHAT?

In-service medical clearance – which must be updated every 2 years or tour of duty (equated with home leave), whichever is longer – is **REQUIRED** for eligibility for benefits of the medical program. A medical clearance is *not required* for posting in the United States. An end-of-tour exam with subsequent assignment to the U.S. is *optional* and can be scheduled in the Exam Clinic after the summer peak season.

WHEN?

In-service clearance updates via either full physical exam (DS 1843 or DS 1622 for 11 years or younger) or Medical Clearance Update (DS 3067) may be initiated 12 months prior to departure from post when continuing with another overseas tour. **START YOUR MEDICAL CLEARANCE EARLY**, before the summer peak transfer season, and you will be cleared more quickly.

HOW?

Updating one's medical clearance may be done either with a Medical Clearance Update (MCU) when there is at least one full exam documented in MED, or with a full physical exam. There is no age restriction for the MCU and it may be used indefinitely, unless a full physical exam is requested or recommended by Washington or post. An updated report about the condition for which a Class 2 medical clearance was issued should be addressed with either the MCU or full physical exam.

WHERE?

The complete physical examination or MCU may be done in the Health Unit, Mexico City or in the U.S. To arrange an appointment in the Health Unit, please call ext. 2800. Forms can be obtained via <http://med.state.gov/medforms.htm> or from the Health Unit.



QUESTIONS?

1. Check the Medical Clearance FAQs on the State MED website –

<http://med.state.gov/medfaqs.htm>

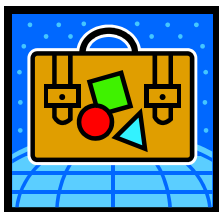
OR

2. Direct enquiries to MED Clearances Washington.

- Email MedClearances@state.gov
- Call 703-875-5411.

MEDICAL EVACUATION

(See 3 FAM 3700)



Situations may arise when needed medical care cannot be adequately provided by local medical facilities.

The regional medical officer can recommend medical evacuation travel when such needed medical care cannot be delayed until an employee's next official trip (home leave, R&R, TDY). In such circumstances, travel expenses will be paid for by the employee (and any **MEDICALLY REQUIRED** attendant), to the nearest locality where appropriate health care can be provided.

Foreign Programs (MED/FP) is the point of contact/liaison between the attending physician, patient, MED and post. Upon arrival in the U.S., the patient **MUST** contact Foreign Programs at 202 647 8122 with regard to the medical situation. Decisions concerning reinstatement of the medical clearance will be made by Foreign Programs; **THIS CLEARANCE MUST BE RECEIVED BEFORE RETURNING TO POST**. Failure to do so may result in loss of benefits.

PRE-CERTIFICATION IS REQUIRED by all health insurance plans in the Federal Employees Health Benefits Program (FEHBP) when hospitalized in the U.S. Employees are urged to be familiar with their health benefits. If hospitalized on an emergency basis, your insurance company must be notified within 48 hours. This is accomplished by a telephone call to the individual's own insurance plan, either by

the individual, his/her physician, or the admitting hospital. Notification is not required for hospitalizations occurring overseas. Please note that this pre-certification is done with the insurance company, NOT with MED.

CHECKLIST FOR MEDEVAC TRAVEL

Before you leave, make sure you have:

- ☐ The date of your evacuation
- ☐ Medical evacuation travel orders
- ☐ All pertinent medical records, x ray films, lab results, etc
- ☐ Copies of MED cables relating to the Medical Evacuation
- ☐ Yellow International Immunization record (checked and up to date)
- ☐ Medical insurance information (company, policy & group numbers)
- ☐ Your Insurance Pre-certification telephone number. Your insurance company **MUST** be notified before hospitalization
- ☐ Hotel reservation
- ☐ Address & phone number of hospital or clinic
- ☐ Airline tickets
- ☐ Valid passport and re entry visa
- ☐ Sufficient funds and credit cards
- ☐ Supervisor informed of travel plans and dates

OBSTETRICAL TRAVEL

(See 3 FAM 686.1 2c)

Although some women choose to deliver their babies in Mexico, MEDEVAC to the United States is both highly recommended and authorized for pregnancy. Up to ninety days of per diem can be authorized, and women usually leave 6 weeks prior to delivery and remain

in the US for 4–6 weeks post-partum. If a woman decides to deliver outside Mexico or the US, please contact the health unit since some restrictions may apply to the amount authorized for medical travel and per diem.



PAYMENT FOR MEDICAL CARE

(See 16 FAM 520)

The employee is responsible for the costs of outpatient doctor and specialty visits, whether it is in conjunction with a medical evacuation or not. The employee is also responsible for the costs of all laboratory tests, x rays, etc that arise from outpatient visits. Employees should submit medical claims to their insurance carrier to receive the allowable reimbursement once the deductible is met.

Overseas employees and eligible dependents requiring hospitalization are issued an Authorization for Medical Services (FS 569) form. The FS 569 allows MED to pay up front usual and customary expenses for hospitalized and related outpatient care for illnesses, injuries, or conditions incurred overseas. BUT, employees and eligible dependents are required to file medical claims with their medical insurance and amounts received in settlement of the claims are to be forwarded to their agency collection office. MED serves only as the secondary payer and liability is limited to the residual after the employee's own health insurance has paid. For this reason employees are strongly advised to participate in the Federal Employees Health Benefit Program (FEHBP).

EMERGENCY VISITATION

TRAVEL (See 3 FAM 3740)

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; or when a parent or child is in a life threatening, critical condition. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad." A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of each immediate family member. Separate travel for death/interment, however, can be authorized.

Although the Health Unit may be able to answer general medical questions, it is the responsibility of the post's personnel office to contact Foreign Program (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post.

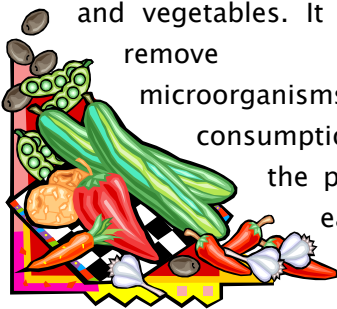
Family in the States needs to alert the attending physician/ nurse/ clinic/ hospital that a physician or nurse practitioner from the State Department Medical Division may be contacting them and that permission is granted to discuss the patient's condition. To expedite matters, the family can ask the attending provider to contact the State Department medical staff at 202 647 8122 EST M F 8am 5pm or 202 647 1512 after hours with medical information.

Environmental Hazards & Precautions

FOOD DECONTAMINATION

Adapted from "Surface decontamination of fruits and vegetables eaten raw: a review" (1999), World Health Organization.

Several pathogenic bacteria, viruses and parasites capable of causing human disease can be found on raw fruits and vegetables. It is important to remove disease-causing microorganisms prior to consumption, especially if the produce is to be eaten raw.



DIRECTIONS:

1. Scrub all produce with a brush under running tap water to remove all visible dirt.
2. Wash fruits and vegetables in potable water. Vigorous washing can be as effective as treatment with water containing 200ppm chlorine, which generally reduces populations by 10–100-fold.
3. Dilution with household bleach (5% chlorine) – 2 teaspoons of bleach to half a gallon of water will obtain an approximately 200ppm solution.
4. Heavily contaminated fruits and vegetables should be subjected to a double wash treatment. Success in removing soil, fecal matter and contaminants, is more likely to be achieved by first washing in potable water and then washing or rinsing in water containing a disinfectant.

IMPORTANT POINTS:

1. The lethal effect of chlorine occurs within the first few seconds of treatment. You do not have to soak your produce for an extended length of time.
2. The temperature of wash-water should be higher than that of the fruits or vegetables in order to minimize uptake of microorganisms by tissues. You can either refrigerate your produce before cleaning, or use warm wash-water.
3. Dry produce thoroughly after cleaning. Leaving fruits and vegetables wet after disinfecting or washing can negate any beneficial effect of treatment.

EFFICIENCY OF DECONTAMINATION

The efficacy of various disinfectants and sanitizing methods for reducing microorganisms on raw fruits and vegetables varies greatly.

No treatments currently used to disinfect raw fruits and vegetables can be relied on to eliminate all types of pathogens from contaminated produce without adversely affecting taste or nutritional qualities.

WATER TREATMENT

At home, disinfection of water is best accomplished by first filtering the water to remove particulates and certain organisms, and then boiling the water for at least 3 minutes (recommended at high altitudes).

If you use a water filter, you will likely have to purify your water before filtering. Follow the instructions enclosed with your filter carefully.

A common alternative in Mexico is bottled water. No regulations exist to control the purity of water sold here. However, the majority of mission members use bottled water and there have been no adverse incidents reported.

EATING OUT

For more information on avoiding travelers' diarrhea, please refer to the next section: Diseases and common problems, page

FLUORIDE AND ORAL HEALTH

There is inadequate fluoride in the tap water at post. To prevent cavities, parents should obtain a suitable fluoride preparation for their children.

Daily fluoride supplements are available at the health unit, and are recommended for children from six months of age until 16 years of age.

The daily use of fluoridated toothpaste and dental floss has been shown to prevent dental caries and gum disease in adult populations, in addition to a dentist visit every 6 months.

TRAFFIC ACCIDENTS/ SEAT BELT USE

Motor vehicle accidents are one of the highest causes of death in Foreign Service personnel overseas. In many locations, emergency medical care is not readily available or even non-existent. Wearing seatbelts is a must. Seatbelts and child safety seats provide the single

greatest margin of safety in an accident. When traveling in official government cars, the use of safety belts is required by 6 FAM 617.4(c).

CONDITIONS IN MEXICO CITY

For the most up to date information, see: med.state.gov/travax.cfm "Destination Information" section

OR

"CDC Travelers' Health Destinations"
www.cdc.gov/travel/camerica.htm

AIR POLLUTION

Air pollution in Mexico City is severe, especially from December to May, and combined with high altitude could affect travelers with underlying respiratory problems.

Mexico City Air Quality Index:
148.243.232.103/imecaweb/

WHAT SYMPTOMS CAN AIR POLLUTION CAUSE?

Air pollution can irritate the eyes, throat and lungs. Different people can react very differently to air pollution. Some people may notice chest tightness or cough, while others may not notice any effects. Because exercise requires faster, deeper breathing, it may increase the symptoms.

IS AIR POLLUTION BAD FOR MY HEALTH?

Fortunately for most healthy people, the symptoms of air pollution exposure usually go away as soon as the air quality improves. However, certain groups of people are more sensitive to the effects of air pollution than others.

Children probably feel the effects of lower levels of pollution than adults.

They also experience more illness, such as bronchitis and earaches, in areas of high pollution than in areas with cleaner air.

People with heart or lung disease also react more severely to polluted air. During times of heavy pollution, their condition may worsen to the point that they must limit their activities or even seek additional medical care.

WHAT CAN I DO TO PROTECT MY FAMILY AND MYSELF?

These steps will generally prevent symptoms in healthy adults and children:

1. Stay indoors as much as you can during days when pollution levels are high. Many pollutants have lower levels indoors than outdoors.
2. If you must go outside, limit outside activity to the early morning hours or wait until after sunset. This is important in high ozone conditions (such as in many large cities) because sunshine increases ozone levels.
3. Don't exercise or exert yourself outdoors when air-quality reports indicate unhealthy conditions. The faster you breathe the more pollution you take into your lungs.

ALTITUDE

In high altitude areas such as Mexico City (elevation 7,600 feet or about 1/2 mile higher than Denver, Colorado), most people need a short adjustment period. Reaction signs to high altitude include a lack of energy, shortness of breath, occasional dizziness, headache, and insomnia.

SUN EXPOSURE

Spending time at high altitude increases UV exposure by 4–5% for every

1000 feet. Therefore, sun exposure at Mexico City altitudes of 7,400 feet is 29–37% higher than at sea level. Sun exposure causes not only a tan, but can result in sun damaged skin or skin cancer.

The period of time between 10am to 4pm is when the tanning (and skin cancer causing) ultraviolet light is strongest. If you can, avoid overexposure at this time whenever possible.

Remember, when your shadow is shorter than your height, you are more likely to burn.

Sunscreen should be applied generously, evenly, thickly and regularly to be effective. Don't forget to your ears, noses, lips, and tops of feet which often go unprotected. For adequate protection, apply a thick layer, and reapply often, especially after any vigorous activity that could remove it such as sweating, swimming or toweling. Like painting a textured wall, two coats are usually needed because the first coat won't evenly cover the entire surface.

Going to the beach for a holiday?

Recent studies have shown that intense, intermittent sun exposure from holiday sunbathing seems to increase the risk of the most serious type of skin cancer, melanoma.

Don't spend more time in the sun just because you use higher factor sunscreens. This will increase your sunburn rates, and your risks of skin cancer. Always use sunscreens together with other protective measures, like seeking shade, covering up with clothes, hats and sunglasses, or limiting exposure to the sun.

Take the Sun Safety Quiz: search “Sun Safety IQ” at cancer.org.

Protect yourself and your children: www.cdc.gov/ChooseYourCover/guide.htm

LEAD POISONING

Lead is toxic to many of your body's tissues and enzymes. Children particularly are susceptible to lead poisoning because it can accumulate in their nervous system as their bodies grow and develop.

Death by lead poisoning is uncommon, but dangerous levels of lead in children may cause serious health problems, including lower intelligence and poor school performance. An estimated more than 400,000 U.S. children 5 years old or younger have levels of lead in their bodies high enough to cause concern.

Sources of lead poisoning include house paints, soil and drinking water, among many others. Locally, Mexican candy and chiles have been shown to contain lead. The glaze used on local pottery called “talavera” is also suspect.

Early warning signs of high lead levels or chronic lead poisoning include: tiredness and irritability, muscle and joint pain, headaches, stomachaches, and cramps. But often there are no symptoms at all, and the only way to find out for certain whether a child has lead poisoning is through a blood test.

The American Academy of Pediatrics (AAP) recommends that all kids get tested for lead when they are 1 and 2 years old. One annual test is offered free in the Health Unit for children 5 and under.

POISON INFORMATION AND PREVENTION

CALL in the United States for poisoning advice:

800-222-1222

OR

202-625-3333 (if you don't have a toll-free service available)

By IVG line or use of the 202 number, this will always route you to the National Capital Poison Center in Washington, DC.

Visit www.poison.org for more information.

The Health Unit has education materials for children and adults: including VCR tapes, handouts, a limited amount of stickers and magnets to give away. Please don't hesitate to approach us or POSHO for more information.

Diseases & problems



TRAVELLERS' DIARRHEA

Travelers' diarrhea is a common occurrence among Foreign Service personnel, affecting up to 70% of those reporting to new posts located in developing countries. It is not a specific disease but describes symptoms of an intestinal infection caused by various viruses, bacteria, or parasites found in contaminated food or water.

PREVENTION

Remember: **"boil it, cook it, peel it, or forget it"**. You can also follow the proper food handling and water treatment recommendations discussed on page 7 (Environmental Hazards section) to reduce your risks of getting travelers' diarrhea.

SYMPTOMS

Symptoms of traveler's diarrhea may be mild with only a few loose stools per day and lasting 3 – 7 days or more severe with loose stools (possibly with blood) accompanied by stomach cramping and tenderness, fever, and/or vomiting. Most cases of mild travelers' diarrhea are either caused by a common intestinal bacterium or by one of several known viruses.

MEDICATION

Pepto Bismol or Imodium (loperamide) can be used to control some of the uncomfortable symptoms and are available locally. ***Do not use Imodium when diarrhea is accompanied by high fever and/or stools with blood or mucous.***

Prophylactic antibiotics have been proposed by some to prevent travelers' diarrhea but they themselves are not without side effects and are probably not

reasonable for the long-term use in those living overseas.

AVOID TRAVELLERS' DIARRHEA:

Do

- Wash your hands frequently and always before eating.
- Eat well-cooked and hot foods only. If eating at a buffet, eat early before foods cool, or insects arrive.
- Eat fresh fruits and vegetables only when you have peeled them or seen them prepared in front of you.
- Drink hot beverages, such as coffee or tea. Make sure they have been adequately boiled, though!
- Drink bottled water or name brand carbonated beverages. Make sure you remove the protective seal yourself, or it is removed in your presence.
- Wipe off any bottle yourself before drinking or pouring.

DON'T

- Never drink tap water, fresh water or standing water.
- Avoid ice cubes. If you must have a cool drink, place ice cubes in a small, clean, leak proof bag and place the bag in your drink. Carry bags with you.
- Avoid food from street vendors.
- Avoid shellfish, any uncooked seafood, or raw meat.
- Avoid uncooked vegetables and salads.
- Avoid unpasteurised milk and cheese.

WHEN TO SEEK MEDICAL TREATMENT

Diarrhea that persists more than one week or any diarrhea associated with high fever and/or stools with blood or mucous should be evaluated by the Health Unit.

DEHYDRATION due to the loss of fluid and electrolytes from diarrhea can occur if these losses are not replaced. It is of particular concern for *infants and young children* with diarrhea as well as with the elderly.

Please seek medical attention if the following signs of dehydration are present:

- Small amounts of dark yellow urine
- Thirst
- Absence of tears
- Dry mouth and skin
- Possible fatigue and dizziness when standing

THE COMMON COLD

In the United States, colds account for more visits to the doctor than any other condition. As such, it is also one of the most common reasons for people to visit the health unit here.

Colds are minor infections of the nose and throat caused by several different viruses. *A "cold" will have to run its course like almost any other viral illness over approximately 7 to 10 days.* Adults get an average of two to four colds per year, mostly between September and May. Young children suffer from an average of six to eight colds per year.

Colds are highly contagious. They most often spread when droplets of fluid that contain a cold virus are transferred by touch. These droplets may also be inhaled.

COLD SYMPTOMS

One to three days after a cold virus enters the body, symptoms start developing, such as:

- Runny nose
- Congestion
- Sneezing
- Weakened senses of taste & smell
- Scratchy throat
- Cough



Infants and young children are more likely than adults and teens to develop a fever. Smokers usually have more severe symptoms than non-smokers.

WHAT CAN I DO?

Cold medications (tylenol, antihistamines, cough syrup, etc.) are readily available over the counter in Mexico and should be a part of your medicine kit. These medicines can provide temporary relief of symptoms and should be used as soon as you feel a cold coming on. They do not have any effect on the infection itself – they only treat the symptoms.

To relieve aches and pains, use Acetaminophen (Tylenol). It is less likely to upset your stomach than other non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen.

Congestion, cough and nasal discharge may be treated with a decongestant, antihistamine or a combination of the two.

REMEMBER to follow dosage instructions on all product labels and know what is in the medication you are taking.

Many combination products, both prescription and over-the-counter,

contain acetaminophen, ibuprofen, or aspirin. It is important to read the ingredients on each product label to avoid accidentally taking too much of these.

There are no antiviral medications available for treating the common cold. ***Antibiotics are not useful for treating a cold, and should only be taken to treat bacterial complications that arise from it.***

OTHER REMEDIES

Herbs and minerals such as echinacea, eucalyptus, garlic, honey, lemon, menthol, and vitamin C have gotten a lot of publicity as cold remedies. *However, none of these claims are solidly supported by scientific studies.*

Adequate liquid intake is recommended. Eight glasses of water and/or juice per day are recommended. This will help keep the lining of the nose and throat from drying out, so that mucus remains moist and easy to clear from the nose.

Avoid coffee, tea or cola drinks that contain caffeine. Also avoid any drinks that contain alcohol. Caffeine and alcohol lead to dehydration, the opposite of what you want.

If you smoke, stop! Stay away from other smokers; inhaling their smoke will further irritate your throat and make you cough even more.

If you must work or go to school, it won't delay your recovery. But be a good citizen. Use tissues and wash your hands frequently to reduce the spread of your cold germs to others.

COMPLICATIONS OF A COLD

Colds get better within a few days to weeks, whether or not you take medication. However, a cold virus can pave the way for other infections to invade the body, including sinus or ear infections,

and bronchitis. Please see us if you experience any of the following:

- Unusually severe cold symptoms
- High fever
- Ear pain
- Sinus type headache
- Cough that gets worse while other cold symptoms improve, or
- Flare-up of any chronic lung problem, such as asthma.

(Adapted from the American Lung Association)

MALARIA

MALARIA RISK IN MEXICO

There is no malaria risk in Mexico City, and minimal risk in the major resorts located in urban areas along the Pacific and Gulf coasts. However, visitors should still use insect repellent and other anti-mosquito measures.

MORE INFORMATION

CDC Malaria Information by region

www.cdc.gov/travel/regionalmalaria/index.htm

TRANSMISSION AND SYMPTOMS

Malaria is a serious disease transmitted to humans by the bite of an infected mosquito. Symptoms may include fever and flu-like illness, including chills, headache, muscle aches, and fatigue.

PROTECT YOURSELF FROM MOSQUITO BITES

Malaria is transmitted by the bite of an infected mosquito; these mosquitoes usually bite between dusk and dawn. To avoid being bitten, remain indoors in a screened or air-conditioned area during the peak biting period. If out-of-doors, wear long-sleeved shirts, long pants, and hats. Apply insect repellent to exposed skin.

STDs

Individuals living overseas are at risk for sexually transmitted diseases (STDs) by having high-risk sexual behavior. STD risk factors include the number of sexual exposures, number of different partners and number of anonymous partners (including commercial sex workers).

STDs are caused by viruses (HIV, hepatitis B & C, genital herpes and genital warts), bacteria (gonorrhea, syphilis, chancroid, chlamydia), or protozoa (trichomona). STDs that are due to viruses have no cure. AIDS is caused by the HIV and can be fatal. Hepatitis B virus can lead to severe chronic liver failure. Genital herpes and genital warts in pregnant women can cause serious illness to infants at time of birth. Bacterial causes of STDs can often be treated with an antibiotic if one recognizes the symptoms (if present) and seeks prompt treatment. ***Unfortunately, many people do not have symptoms and some of these infections can lead to serious problems.***

Symptoms of STDs in men may include burning on urination, white or yellow discharge from the penis, swelling in the groin or ulcers, blisters, or sores on the genitals. Women tend to be less likely to have symptoms but again ulcers, blisters or sores on the genitalia or lower abdominal pain, vaginal discharge and fever should alert you to seek medical care.

Prevention of STDs is best accomplished by abstinence or having sex in a monogamous relationship. If one is absolutely unable to follow this recommendation, then proper use of a latex condom will **reduce** the risk. It is still possible to get a STD even with condom use.

PANDEMIC FLU

Experts are currently concerned that another global flu pandemic could occur. The worst in recent years was in 1918–1919 and resulted in the deaths of over 50 million people around the world. Another flu pandemic in 1957–1958 resulted in nearly 2 million deaths, and one in 1968–1969 caused just fewer than 1 million deaths.

The H5N1 "bird flu" that is presently causing illness and death in humans is the likely, though not only, candidate for the next pandemic virus.

Currently, it is very difficult for the H5N1 virus to pass from birds to humans and the chances of it doing so are low. The illness of many people at one time is expected to have significant impact on society. Travel could be severely restricted. Health care facilities could be overwhelmed. Public gatherings for religious services, school and even work could be prohibited. Stores might be closed.

Some advance preparation for a pandemic (or any situation which could disrupt society) could mitigate the adverse effects of these events. The Department of Health and Human Services (HHS) has created a website (www.pandemicflu.gov) to help people plan for a possible pandemic influenza outbreak.

Mission members are encouraged to familiarize themselves with this information and to make preparations as recommended on the site.

Preventative Health

STAYING HEALTHY

Don't Smoke. But if you do smoke, talk to us about quitting.

Eat a Healthy Diet. Eat a variety of foods, including fruit, vegetables, animal or vegetable protein (such as meat, fish, chicken, eggs, beans, lentils, tofu, or tempeh) and grains (such as rice). Limit the amount of saturated fat you eat.

Be Physically Active. Walk, dance, ride a bike, rake leaves, or do any other physical activity you enjoy. Start small and work up to a total of 20–30 minutes most days of the week.

Stay at a Healthy Weight. Balance the number of calories you eat with the number you burn off by your activities. Remember to watch portion sizes. Talk to us if you have questions about weight loss, what or how much to eat.

Drink Alcohol Only in Moderation. If you drink alcohol, have no more than 2 drinks a day. A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.

SCREENING TESTS: WHAT YOU NEED AND WHEN

Cholesterol Checks: Have your cholesterol checked at least every 5 years, starting at age 35. If you smoke, have diabetes, or if heart disease runs in your family, start having your cholesterol checked at age 20.

Blood Pressure: Have your blood pressure checked at least every 2 years. A blood pressure clinic is conducted every Thursday in the Health Unit from 2–3 pm.

Colorectal Cancer Tests: Begin regular screening for colorectal cancer starting at age 50 as part of your Medical Clearance.

Diabetes Tests: Have a test to screen for diabetes if you have high blood pressure or high cholesterol.

Depression: If you've felt "down," sad, or hopeless, and have felt little interest or pleasure in doing things for 2 weeks straight, talk to our psychiatrist about whether to screen you for depression.

Sexually Transmitted Diseases: Talk to us to see whether you should be screened for sexually transmitted diseases, such as HIV.

MEN:

Prostate Cancer Screening: The frequency of testing is an individual decision that should be determined through discussion with your physician.

WOMEN:

Mammograms: Have a mammogram every 1 to 2 years starting at age 40.

Pap Smears: Have a Pap smear every 1 to 3 years if you have been sexually active or are older than 21.

SHOULD YOU TAKE MEDICINES TO PREVENT DISEASE?

Aspirin: Talk to your doctor about taking aspirin to prevent heart disease if you are older than 40, or if you are younger than 40 and have high blood pressure, high cholesterol, diabetes, or if you smoke.

Immunizations: Stay up-to-date with your immunizations: see pg 3 of the Health Unit Services section for more information.

GOOD HEALTH FOR CHILDREN:

See: www.ahrq.gov/ppip/childguide

EXERCISE

Physical inactivity has been shown to be one of the biggest risk factors for heart attacks, perhaps even a greater risk than smoking. Children who are physically inactive tend to remain inactive throughout their life.



Nearly every person at post can exercise, so try to find a form of exercise that one can enjoy and will be able to maintain for optimal success.

Unless there is a medical reason not to exercise, you should pursue some form of physical activity a minimum of three days a week for twenty minutes at a time. Even moderate exercise has shown to have a benefit in reducing heart attack risk.

NUTRITION

Over consumption of fat and calories is a big problem for many in the Foreign Service. In addition, many individuals consume too much alcohol or sodium, and may not be consuming enough fiber, calcium, iron, or folic acid.

Current nutritional guidance is to eat a variety of foods, maintain a healthy weight, limit fat to less than 30% of total calories (with saturated fats limited to less than 10% of total calories), eat at least five servings a day of vegetables, fruits, and grain products, moderate use of salt, sodium, sugar, and alcohol.

Women have special dietary needs, such as folic acid during pregnancy, as

well as calcium to build optimal bone mass and prevent osteoporosis. Women are also more likely to be iron deficient due to increased losses from menstruation. Individuals with elevated cholesterol levels (above 200 milligrams per deciliter or "200"), may need to be on special cholesterol lowering diets. Special diets are also recommended for overweight and diabetic individuals.

EXERCISE & NUTRITION RESOURCES:

www.mypyramid.gov

www.nutrition.gov

www.eatright.org

HOW THE HEALTH UNIT CAN HELP

The Health Unit maintains a health library with books & videos. Please ask the secretary for more information. We are also very glad to accept any donations of health related material.

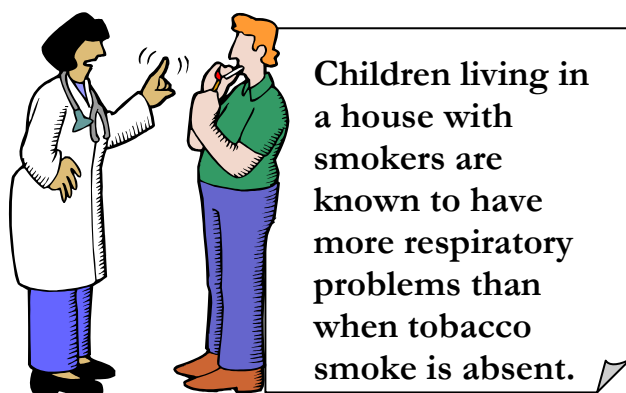
A large selection of health education material is displayed around the waiting area in both English and Spanish, on topics such as colds, back pain, women's and men's health. Feel free to pick these up anytime.

Periodic classes are conducted on a variety of health topics. If you would like more information on weight loss, cholesterol reduction or smoking cessation, please contact one of the nurses for more information.

SMOKING AND TOBACCO USE

Nearly everyone knows that tobacco smoke not only affects the smoker, but also those exposed to the smoke. Banning of tobacco smoke from

buildings was stimulated by studies which showed that passive exposure or "bystander" exposure to tobacco smoke is related to a number of adverse health effects.



Smoking is an addiction, yet there are effective methods to stop. You can take medicine and get counseling to help you quit. Make a plan and set a quit date. Tell your family, friends, and co-workers you are quitting. Ask for their support. The health unit can assist anyone interested in quitting.

Since smoking generally begins during adolescence, parents should reinforce the message not to begin smoking and to encourage their children to quit if they have already started to smoke.

QUIT SMOKING RESOURCES:

- www.quitnet.org
- 1-800-QUITNOW (1-800-784-8669)
- Brochures and more information available in the Health Unit.

JET LAG

Whether or not the travel is for business or pleasure, jet lag can make anyone feel out of sorts. Headache, tiredness during the day, or insomnia at night from jet lag can be especially bothersome to those with busy schedules

which do not afford a day or two of rest following a long distance trip. Generally, travel from west to east produces more symptoms of jet lag than the same time zone change when traveling the opposite direction.

In order to lessen jet lag, many experts recommend that the traveler adopt the new local hours for sleeping and for being awake **BEFORE** arriving at the new location. Shifting one's schedule by an hour or so at least several days before traveling can facilitate this. The correct timing of meals might also be useful, although a much touted anti jet lag diet has not been fully evaluated. Dehydration, which can be worsened by consuming alcoholic beverages, is a common problem after a long plane ride. One should avoid all alcoholic beverages and consume more than the usual amount of other beverages, such as juices and water. Many experts recommend avoiding caffeinated beverages, whereas there are some that feel caffeine may help to adapt to the new time zone when taken at the correct time. Dehydration can also cause constipation, so a diet rich in fiber may help avoid this as well.

To prevent tired or sore muscles, a number of stretching exercises can be performed while sitting or standing in the plane. In addition, exercise is a way to stimulate metabolism and mental alertness. The use of sleeping pills (or alcohol for a similar effect) should be avoided. These can increase the incidence of blood clots in the legs (so called "economy class syndrome"). They can also cause prolonged effects that decrease concentration, memory, and affect other areas of performance that are important, especially if one has to work shortly after arrival.

DEEP VEIN THROMBOSIS

WHAT IS DVT?

Deep vein thrombosis is a blood clot in one of the deep veins usually in the calf or thigh. In this part of the body, blood moves quite slowly and when a clot occurs, it can get stuck in the vein blocking the blood supply. It isn't always immediately obvious (pain and swelling in the leg may be the first symptoms), and is not necessarily fatal. However, these blood clots can become dislodged and travel to the lungs or other areas, causing strokes, severe organ damage, or death.

LIKELY CAUSE

The term "economy class syndrome" is often used to describe DVT.

Tightly packed seating, such as that found in the economy class section of airlines, can restrict movement. However, it is the lack of movement rather than the lack of space that is the probable cause of DVT. No matter what the mode of transportation, sitting motionless for long periods may put some travelers at an increased risk. And it can happen to passengers in any seating class of an aircraft, according to the Federal Aviation Administration.

THOSE AT RISK

Although anyone can develop blood clots, certain people are at greater risk including pregnant women, people who are overweight or obese, and those with certain blood conditions. People with varicose veins or cancer are at risk, as are people with recent bed rest or recent general anesthesia.

Medical specialists report that DVT most often affects smokers, heavy drinkers, those whose feet don't reach the

floor (because the seat puts more pressure on the backs of their legs), the elderly and those with a predisposition to coronary heart disease. But it also can affect normally healthy people.

WAYS TO PREVENT DEEP VEIN THROMBOSIS WHILE FLYING

The measures to take to reduce any risk of DVT resemble the rules for comfortable air travel.

1. Book your seat on the aisle or in an exit row to increase leg room.
2. Remain hydrated (drink a glass of water every two hours) but avoid alcohol and caffeine which contribute to dehydration. When you're dehydrated, your blood becomes thicker, increasing risk of clots.
3. Get up and walk about at least once an hour.
4. Wear loose clothing, and avoid stockings or socks with tight elastic below the knees. Compression hose may help keep the blood from stagnating.
5. Don't cross your legs or sit on the edge of your seat as these positions can reduce blood flow in the legs.
6. Do not take sleeping pills as these obviously minimize any movement.
7. People at higher risk of blood clots should consult with their physician about taking a low-strength aspirin prior to flying. Aspirin is a known blood thinner.
8. While seated, massage feet, ankles, lower legs, and knees, and exercise calf muscles by clenching your toes, to stimulate blood circulation. You can also refer to the in-flight video or handout of exercises provided by the airlines.

Mental Health

MENTAL HEALTH SERVICES

The psychological and psychiatric well being of overseas official US government employees and their families is a major emphasis of the State Department's Office of Medical Services.

There is a Regional Medical Officer/Psychiatrist (RMO/P) assigned to each of 14 overseas regions; this program has doubled in size over the past 15 years, and represents an outgrowth of the Dept. of State's medical response to the overseas terrorist attacks of the past few decades. The overall treatment has become much more akin to a military model of medical/psychiatric care, embodied in our mandate to "care for the medical needs of our people in the field."

RMO/P's are medical doctors who offer a variety of psychiatric services to all overseas U.S. government employees and their eligible family members, and specialize in the evaluation of emotional, behavioral, and mental (cognitive) functions of people.

The RMO/P–Mexico City (Dr Ken Dekleva) is based in the Health Unit at US Embassy Mexico City, and has regional responsibilities encompassing the following posts: Mexico City, Ciudad Juarez, Hermosillo, Guadalajara, Matamoros, Merida, Monterrey, Nogales, Tijuana; Belize, Bridgetown, Georgetown, Guatemala, Havana, Kingston, Managua, Nassau, Port Au Prince, San Jose, San Salvador, Santo Domingo, and Tegucigalpa.

Some of the services the RMO/P can provide you and your family include:

1. informal discussions and educational talks/seminars associated with the Foreign Service lifestyle; including topics such as stress management; coping with terrorism and disaster; 'third culture kids'; raising children overseas; re-entry stress associated with transfer to the US; and adaptation to the overseas move.
2. diagnosis and treatment of psychiatric conditions including: adjustment disorders and stress-related illnesses; anxiety disorders/phobias; depression and other mood disorders; sleep disorders; alcohol and/or drug abuse/dependence; neuropsychiatric conditions; and a variety of other emotional or behavioral symptoms that may cause distress or interfere with functioning. Treatment options are discussed when a formal psychiatric diagnosis is made, and the RMO/P will provide treatment when feasible.
3. assessments and referral for marital/family counseling.
4. consultation and appropriate referral of dependent children for psycho-educational testing and evaluation of childhood psychiatric disorders, including mood disorders, anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), learning disabilities, and/ or behavioral problems.
5. arrangement of psychiatric medical evacuation to Washington D.C. (or alternate cities in the US if appropriate) when necessary.
6. psychiatric assessment in medical clearance examinations/updates.

7. crisis intervention and emergency psychiatric assessment.
8. management consultation involving issues related to community mental health and post morale.
9. consultation to international schools (utilized by USG dependents) within the region.

To schedule a consultation/ appointment with RMO/P Dr Ken Dekleva, please contact him at the following numbers: 52-55-5080-2800 Health Unit (leave message); e-mail deklevak@state.gov; mobile 52-44-552-109-99-44.

Please note that all psychiatric consultations with the RMO/P are confidential and privileged, and that the RMO/P will work closely with MED staff to provide care in a manner appropriate to Embassy Mexico City's needs and sensitivities.

When the RMO/P is away from post on regional medical travel (approx. 60–70% of the time), arrangements will be made with the MED Unit so that the RMO/P will always be available by phone in the event of a psychiatric crisis/ emergency.

Please note that there are few appropriate *local* mental health resources (psychiatric, psychotherapeutic and counseling) available to US Embassy Mexico City employees and their dependents. It is recommended that employees utilizing such 'local' mental-health services consult with the RMO/P– Mexico City in order to assist them with coordination, quality assurance, and continuity of care.

PSYCHIATRIC EMERGENCIES

are dangerous and life-threatening, and can involve suicidal threats/ plans, threats/ plans to harm others, violent agitation, confusion, psychosis, life-threatening alcohol/ drug intoxication and withdrawal states, or family advocacy cases involving child abuse and/or domestic violence. In such a circumstance, please contact the RMO/P or the Health Unit at 5080–2800, or call the Embassy Emergency no. at 5207–5880.

Note that such emergencies, while extremely serious and fraught with risk, are rare: there are approx. 60–70 psychiatric medical evacuations per year world-wide, out of a Foreign Service population of more than 40,000 persons [covered under the DoS medical program].

USEFUL WEB SITES (REGARDING MENTAL-HEALTH ISSUES):

1. www.state.gov/FLO (Family Liaison Office: great site, lots of resources)
2. www.rosenfeld.net (excellent site with good links – published by a long-time FS RMO/P)
3. www.med.state.gov (Office of Medical Services Intranet site. Links to TRAVAX – a superb travel medicine web site)
4. www.aacap.org (American Academy of Child & Adolescent Psychiatry)
5. www.erowid.org (informative site regarding drugs of abuse)
6. www.schoolpsychiatry.org (information on ADHD & learning disabilities)
7. www.au.af.mil/au/awc/awcgate/awc-medi.htm (outstanding military medicine web site)
8. www.psych.org (American Psychiatric Association)

STRESS REACTIONS AND STRESS MANAGEMENT

Stress is the response of our mind and body to a social, psychological, or physical demand to which we cannot readily adapt. A great deal of stress is normally associated with overseas life in the Foreign Service. Geographic relocation, frequent moves, terrorism, culture shock, lack of spousal employment, crime, loss of control, excessive work-related travel, lack of a support system, work stress and inadequate resources, racism, environmental concerns, the comings and goings of friends and coworkers, special parenting challenges overseas, and the family's adjustment to new schools are some of the stressors that can tax and overwhelm one's coping skills.

Examples of other 'normal' stress include divorce, death of a loved one, financial/job loss, marriage, childbirth, life changes, job change and health problems. How we experience stress depends on numerous factors: including cultural expectations, age, sex, physical & emotional health, personality style & temperament and the cumulative effects of stress. Adaptation to stress involves psychological, unconscious defense mechanisms ranging from psychotic/child-like to immature, neurotic and mature.

Long-term effects of stress can include burn-out, isolation, relationship problems and physical/psychological health effects. FS RMO/P's continue to learn much about long-term, chronic stress – particularly in 'hardship' and 'danger' posts – from the studies of human adaptation to stress in aerospace medicine, undersea medicine, military medicine, and cold-weather medicine.

It is not unusual to show *temporary* signs of excess stress such as:

1. feelings of anxiety, worry, nervousness, or depression
2. increased frustration, irritability or anger
3. physical complaints such as headaches, muscle tension, sexual dysfunction and/or gastrointestinal disturbances
4. hostility or impatience with the host country's people and culture
5. sleep disturbances or appetite change
6. poor concentration or cognitive complaints
7. social withdrawal or isolation
8. fatigue, apathy, and loss of energy
9. regression (in children)
10. increased substance use

Stress is best managed with coping strategies that include:

1. good sleep hygiene
2. proper nutrition
3. minimization of caffeine & alcohol use, and avoidance of drug use (including nicotine)
4. leisure time & vacations
5. exercise: 2–4 times per week for a minimum of 20–30 minutes
6. social support: talking & sharing your experiences with others
7. humor & tolerance of others
8. positive attitude & assertiveness
9. awareness & education
10. *relaxation techniques* such as prayer, meditation, progressive relaxation, massage, yoga and internal martial arts (e.g. tai chi, aikido).

Keep in mind that most stress reactions are transient and time-limited. For many patients, an informal 'chat' or a more formal session with the RMO/P can be helpful, especially if one's stress is

beginning to interfere with one's functioning.

Stress reactions, along with adjustment disorders, are the most common reason that patients seek consultation with a RMO/P while posted overseas: they also account for a high percentage of usage of Health Unit services overseas.

The usual treatment for such problems is education, awareness, the tincture of time and reassurance. Most such conditions do not require long-term psychotherapy or psychopharmacologic (e.g. medication) treatment.

CLINICAL DEPRESSION

Both grief (bereavement) and *temporarily* feeling "blue" or "down in the dumps" are common, universal human experiences. More serious is the condition called clinical depression. This medical disorder can cause deterioration in one's quality of life, interfere with functioning and sometimes become life-threatening. It often runs in families, meaning that if one has a close relative with depression, one is at higher risk of developing depression in one's lifetime.

People with clinical depression have one or the other of these two symptoms nearly every day, all day, for 2 weeks or more:

- loss of interest/ pleasure in activities;
- depressed mood.

They will also have at least 3 – 4 of these other symptoms:

- feelings of worthlessness or excessive/ inappropriate guilt;
- significant weight loss/ weight gain or change in appetite;

- recurrent thoughts of death, suicidal ideation, suicidal plans, or suicide attempt
- diminished ability to think or concentrate, or indecisiveness
- inability to sleep, or excessive sleep
- loss of energy or fatigue
- sluggishness or agitation

Other symptoms frequently present in clinical depression are:

- sexual dysfunction;
- headaches, or other somatic complaints;
- gastrointestinal problems.

Depression is one of the most commonly-treated psychiatric conditions. If untreated, depression is a serious and potentially disabling illness. Depression is easy to treat and generally responds well (¾ of patients get well) to treatment with antidepressant medication(s) and/ or psychotherapy ('talk therapy').

ALCOHOL AND DRUG AWARENESS PROGRAM (ADAP)

(See 16 FAM 450 & 3 FAM 1900A)

The Embassy RMO/P (Health Unit, 5080-2800) has been designated to serve as coordinator of the Alcohol and Drug Awareness program for Embassy Mexico City. The Alcohol and Drug Awareness Program (ADAP, 202-663-1904) is a medically confidential diagnostic and referral service of the Office of Medical Services, Mental Health Services. Anyone who seeks help for substance abuse is assured the same medical confidentiality accorded those who seek help for other diseases according to federal law, except in limited exceptions to confidentiality/ privilege in cases involving family advocacy, national security, and imminent dangerousness to self/others.

ADAP also coordinates a 'safe harbor' program for Foreign Service employees who have used drugs, and who wish to cease using and seek evaluation and treatment: prior to being notified of a drug screen, the DoS becoming aware of their drug use or incurring a security violation. The DoS will take no disciplinary action against a 'safe harbor' employee if 3 conditions are met: (1) the employee must voluntarily identify himself/ herself as a drug user; (2) the employee must refrain from further drug use; and (3) the employee must seek counseling or rehabilitation through ADAP (or an ADAP-sponsored program).

Foreign Service personnel and their dependents have tended to under-utilize ADAP as a resource. Chemical dependency is often a deceptively progressive phenomenon and the individual usually is the last person to recognize the problem, as denial and rationalization are common psychological defenses utilized by alcoholics and drug addicts to avoid treatment. Therefore, intervention is more frequently activated by a spouse, loved one or supervisor, rather than by self-referral.

Unfortunately, experience in the Foreign Service has shown that its employees suffering from substance abuse/ dependence disorders often seek help too late in the game, when they have developed significant co-morbid medical/ psychiatric illnesses, or when they have incurred serious security violations.

Alcoholism is the most common substance abuse disorder diagnosed and treated in the Foreign Service, but the availability of illicit drugs overseas has led to awareness of a growing problem of substance abuse among dependent children.

Research in the Dept. of State's Office of Medical Services has shown that Foreign Service dependent children have approximately the same incidence of substance abuse disorders as their counterparts in the U.S.

Prompt evaluation by Mexico City Health Unit professionals can allow for medical evacuation for treatment and development of an appropriate after-care plan. Treatment can involve outpatient care or inpatient care (usually in the U.S., in a partial-hospitalization or inpatient program). For both employees and dependents, medical clearance to return overseas will depend on treatment outcome, the patient's commitment to the treatment/ recovery process, and the availability of treatment resources at post, including AA/NA groups and virtual [online] AA/NA programs, which have become increasingly available to Foreign Service patients overseas.

Chapter 3 of the ***ADAP Manual for Health Units*** discusses Treatment for Substance Abuse and Dependence. Traditionally, these modalities include inpatient, outpatient, and self-help groups. There are treatment programs that stress abstinence and those that focus on harm reduction. With just a few exceptions, what most treatment options for our employees and family members have in common is their location in CONUS.

Substance abuse treatment options at Post are frequently very limited. A few posts have inpatient and/or outpatient facilities, and quite a few have English-speaking AA. While AA is a valuable resource, it offers "self-help," not formal "treatment." Some posts have well trained mental health professionals available in the community, but not many have

specific addiction knowledge. As mentioned in the *Manual*, ADAP sees treatment as a *process*, not an *event*. When we are faced with making a clearance recommendation with post approval, one of the primary concerns often is the individual's ability to continue the treatment process at post. Numerous Foreign Service personnel have returned – successfully so – to their overseas lives and careers after effective intervention and treatment. Contact the embassy Mexico City MED Unit or the RMO/P for more information.

FAMILY ADVOCACY PROGRAM

(See 3 FAM 1810)

This program facilitates the identification and treatment of children and spouses who may have been victimized by neglect or abuse. It also allows for the legal investigation of the alleged perpetrator. The authority for this rests in the Crime Control Act of 1990 which mandates that professionals in federally operated facilities such as U.S. embassies, consulates, and overseas missions must report cases of suspected neglect or abuse to the Bureau of Diplomatic Security and/or the Office of Medical Services.

The Family Advocacy Officer, usually the DCM, may convene a Family Advocacy Team including the Regional Medical Officer and/or Foreign Service Health Practitioner, Regional Psychiatrist, and Regional Security Officer. By Federal law, medical confidentiality can be breached on a limited need-to-know basis with the Family Advocacy Committee at post and in Washington DC in cases of suspected child abuse/neglect, or in cases involving suspicion of domestic violence. Nonetheless, the Family Advocacy Program

also has the mandate of maintaining the integrity of the family when it is consistent with the physical and psychological well being of all, so the health professional will be a family advocate when making a recommendation for evaluation and treatment.

1. Suspected cases of neglect or abuse should be brought to the attention of a medical professional in the MED Unit, or to the Regional Security Officer.

The 3 FAM 1810 regulations provide that if the alleged perpetrator is an employee of another federal agency, or a family member of such employee, DoS will inform the appropriate entity within that agency, which may assume responsibility for investigating the allegations. Our experience is that some agencies want to conduct the investigation and have the apparatus in place to do so (e.g. the military agencies). Other agencies are not as well equipped and may ask for our assistance in conducting the investigation. Even though another agency may be involved, we remain closely engaged in the investigation and our view is that the State Department can assert control over the final disposition of the case.

SPECIAL NEEDS EDUCATIONAL ISSUES

If a child is having significant difficulties in school with math, reading, or writing, that child may have a learning disability or other childhood medical/neurologic/psychiatric disorder that interferes with learning. Given the disastrous psychological and social consequences of school failure, early identification of potential learning disabilities is critically important so that

the child can receive specialized educational and/or psychological assistance before experiencing repeated failures and associated psychological difficulties. The latter consequences of school failure are insidious and are associated with an increased relative risk of developing other psychiatric conditions such as mood disorders, anxiety disorders, substance–abuse disorders and conduct disorders: hence the importance of early identification of at–risk children.

The 1st step in helping such a child is for parents to discuss their concerns with the child’s teacher(s), particularly if the child has experienced academic difficulty or problems in completing homework assignments, quizzes, and tests. Learning disabilities and associated medical/ neurologic/ psychiatric disorders can sometimes present subtly, and are often missed even by experienced professionals, because the child may be labeled as stupid, lazy, or “difficult.” They are also sometimes missed in students labeled as nice and helpful or in students with good social graces and ample friendships.

The teacher(s) may determine that tutoring or further educational evaluation/ testing is warranted for educational and diagnostic purposes. Additional evaluations may be done by child & adolescent psychiatrists, child psychologists, educational psychologists, pediatric neurologists, speech therapists, and/ or developmental pediatricians. If the [international] school does not have specialists in–house who can provide such evaluation(s), the DoS provides allowances so that the child may obtain such services. M/MED/MHS/ECS is the DoS “clearing–house” for such evaluations: the RMO/P–

Mexico City can assist parents in making the appropriate referral.

There are two types of allowances for specialized educational services:

1. **Supplemental Instructional Allowance** (DSSR 276.9): an allowance of up to \$3000/school year is available if a child requires tutoring or additional instruction to enter a grade or to remain in the same grade. To obtain this allowance, a letter from the teacher(s) or school is required, stating that tutoring is required. This allowance is requested from the Financial Management Officer at post. You do not need to have contact with M/MED or the Health Unit at post in order to request this allowance.
2. **Special Needs Education Allowance** (DSSR 276.8): if a child requires additional tutoring or other educational services, such as speech therapy, occupational therapy, physical therapy, or further psycho–educational evaluation(s), he/she may be eligible for this allowance. *It does not cover computer hardware, psychotherapy, or counseling.* To request this allowance, gather pertinent records including school records, previous standardized testing results, previous psycho–educational evaluations and medical records, and set up an appointment with the RMO/P–Mexico City. M/MED/MHS/ECS reviews the information and contacts the parent(s) to discuss the assistance that the child may require. Where appropriate, M/MED/MHS/ ECS sends a cable to post confirming the child’s eligibility for the Special Needs Education Allowance, and assists in making arrangements for further psycho–educational evaluations. If such evaluations are necessary in the US, this is not done via a medical evacuation: the

funding for the evaluation and travel (of the child and ONE parent) comes from the Special Needs Education Allowance. A child who receives the Special Needs Education Allowance will be given a class 2 medical clearance and will require post-specific approval for posts with adequate medical/ psychiatric/ educational support. The above MED clearances are coordinated through M/MED/MHS/ECS prior to each overseas assignment.

Even though the RMO/P-Mexico City is able to treat numerous children with diagnosed childhood & adolescent psychiatric conditions at post (and on occasion, within the associated region), the reality is that *intensive* psychiatric/ psychotherapeutic treatment(s) are not always available locally, or within the associated region. The most commonly-treated childhood psychiatric condition is attention-deficit-hyperactivity disorder, also known as ADHD. *Obtaining psychostimulant medications (e.g. Ritalin, Concerta, Adderal and Dextroamphetamine), common treatments for ADHD overseas is extremely cumbersome and difficult – even impossible at times.* Such medications are [narcotic] controlled substances whose prescription, manufacture, and usage are tightly regulated by the DEA. Parents with questions regarding special educational needs and learning disabilities in Mexico City should contact the RMO/P-Mexico City and M/MED/MHS/ECS for further information.

MENTAL HEALTH CLEARANCE ISSUES

For those employees and/or dependents requiring a medical clearance

update – who have *formally* been treated by the RMO/P (in the MED Unit or in a doctor-patient relationship) – and who are either bidding or rotating to a new post – should contact him to remind him to assist you in the above process. For those to whom this applies, the RMO/P will make a medical clearance recommendation to M/MED/MHS in Wash DC. The RMO/P can also answer questions about the MED clearance process and do his/her best to serve as your advocate, as he is familiar with the mental-health/psychiatric capabilities of different Foreign Service posts.

Many people have questions about medical clearances for children with special needs. Again, the RMO/P will try to answer them and get you in touch with the right persons in MED/MHS/ECS (in Wash DC).

Rarely is a patient's (or family's) onward assignment *negatively* effected by virtue of their having seen the RMO/P in a [outpatient] doctor-patient relationship. Some patients – typically those in ongoing follow-up or treatment – receive a class 2 clearance (rather than a class 1). For many people, this process is quite confusing and stressful – unfortunately adding to the other stresses of rotation and bidding. Some of these medical clearance determinations take time to resolve.

Don't wait until the last minute – this only makes the above process more stressful and contentious. The RMO/P continues to be in dialogue with M/MED management in assisting them as they work to streamline the MED clearance process.

Miscellaneous

MEDICATIONS, PERSONAL PRESCRIPTIONS AND DRUG SUPPLIES

The Health Unit stocks a very limited amount and variety of medicines to *begin treatment* of episodic acute illness. Stocks are adequate for these needs only.

You are responsible for providing the medications needed for treatment of chronic medical conditions. This applies to both prescription and over the counter (OTC) medications. You can usually find common OTC preparations at the commissary or local pharmacies.

To those with insurance plans that include a prescription drug benefit, we strongly advise that you use that benefit; it saves you significant amounts of money. However, if your insurance does not include the above benefit, it is still possible to obtain medications from the U.S. – just contact the Health Unit for more information.

Please remember to request your refills EARLY to anticipate possible delays in delivery. it normally takes 1–2 weeks from the time the prescription was faxed. The Health Unit staff can write the necessary prescriptions BUT you must initiate the request in a timely fashion.

DEPENDENTS: PARENTS AND ADULT CHILDREN

Parents, parents-in-law and adult children 21 years and older are not eligible for the Department of State medical program benefits, even though

they may be included on the employee's travel orders.

It is strongly suggested that medical evacuation insurance be obtained for these persons. The cost of a medical evacuation is staggering and the insurance costs for this benefit are minimal. Two companies that supply such insurance are:

1. Access America

www.accessamerica.com

2. International SOS

www.internationalsos.com

Even though we cannot be the primary care providers, we would be glad to answer reasonable questions regarding health matters of friends or relatives, and make recommendations as to where to find appropriate care.

POLICY FOR TREATMENT OF MINOR CHILDREN

For medico legal reasons, minor children (below 18 years of age) will be examined and treated only when accompanied by a parent or guardian except in an emergency situation. In unusual circumstances, a written note giving permission to examine and treat the minor may be accepted.

DOMESTIC EMPLOYEES

Employees and food handlers working in the home are a potential source of illness for others. Pre employment and annual examinations are highly recommended. These should include a general physical examination, a chest x-ray to screen for tuberculosis,

and 3 stool tests to screen for parasites. If a domestic employee becomes ill, they should receive medical attention and be provided necessary sick leave. Medical examination as well as the care and treatment of domestic employees are the responsibility of the employer, and are not provided by the health unit.

Most importantly, domestic employees should be carefully instructed and supervised in proper personal and household cleanliness, including such procedures as food preparation, handling and dish washing. It may be wise to repeat instructions frequently and to make sure they are understood and correctly carried out. Finally, soap and clean towels should be provided for the frequent and thorough hand washing necessary in the kitchen.

OUT OF TOWN PARENTS: MEDICAL SURGICAL CONSENT AUTHORIZATION FOR CHILDREN

During emergencies, the absence of authorization would pose a difficult and complicated situation for health care providers in the medical treatment of your children.

Therefore, if you are planning to leave your children at post while out of town, *please fill in a copy of the "Medical surgical consent authorizations for children" form* (available at the Health Unit) and submit it to us prior to departure.

In addition to providing the form, the responsible adult caring for the child/ children should be given the immunization record (yellow card) and

passport (in the event medical travel would be necessary) of each child.

The written authorization for each child should be made out and distributed in the following manner:

1. The original to the responsible adult (not a servant), preferably within the U.S. Embassy, who will assume responsibility for the care of your dependents.
2. A copy to the Health Unit.

Appendix

HIPAA (NOTICE OF PRIVACY PRACTICES)

The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information.

You have the right to approve or refuse the release of specific information outside of MED except when the release is required or authorized by law or regulation.

Full information can be found online at med.state.gov under 'Policies'. A copy will also be given to you when you check in at the Health Unit.

DISASTER PREPAREDNESS/ HOME FIRST AID KIT

In the event of a disaster, such as an earthquake, or medical emergency, the Health Unit recommends that you prepare at least one Disaster/ First Aid Kit, whether it's for the home, for traveling, or to leave in your car (or all three!).

It is a good idea to assemble one together as a great family project, as well as a good teaching tool on what to do in an emergency.

Use this list from the Red Cross (<http://www.redcross.org/disaster/safety/fds-all.pdf>) as a guide.

What should be placed in the kit?

That is an individual family choice. If someone in your household has known health problems or a life-threatening allergy, you should carry appropriate medication with you at all times. Have a list of all items with instructions for proper use readily available.

USEFUL TIPS

1. Everyone in the family should know where the kit is stored: in the house and/ or car.
2. Check your kit every few months to make sure the supplies have not run low or expired, and throw away any expired medicines.
3. Follow the same precautions for medicines in your First Aid Kit as with any medicine: use as recommended by your physician, and check that all packaging is childproof.
4. Don't keep medications in a bathroom medicine cabinet. Heat and humidity can cause the medication to deteriorate. Instead, try storing them in a cabinet (that locks, if you have small children) in the kitchen or bedroom.

RECOMMENDED ITEMS:

- ❑ A first aid manual: read it before you need it in an emergency.
- ❑ Emergency phone numbers:
 1. Work Numbers: both parents.
 2. Health Unit: 50802800.
 3. Mexican emergency operator system: 080 (Spanish only).
 4. Number of pediatrician/ personal physician.

5. Poison Information Hotline (USA):
1-800-222-1222.

FIRST AID AND CPR TRAINING

Knowledge of first aid can be very beneficial in emergency situations, and CPR is a particularly valuable skill to have. Many parents are also interested in child/infant CPR and first aid training.

We offer First Aid & CPR training at the Health Unit (*see pg 4 of this book*), and if you would like to attend, please call us.

Also remember to always seek immediate medical attention when you, or your family, needs it.

HOME SAFETY / CHILDPROOFING

An accident or injury can occur in any part of your home. Some safety hazards are obvious – such as a toy truck left lying at the top of the stairs. Others are not so easily identified – such as a stairway railing that has become loose. Use these checklists to make a safety check of your home. You should answer "Yes" to all of these questions.
http://kidshealth.org/parent/firstaid_safe/home/household_checklist.html

What to do in an Emergency

1. GO TO THE NEAREST EMERGENCY ROOM

ABC Hospital (Observatorio) recommended when in close proximity.

Take money and credit cards with you.

Embassy Emergency no. 5207-5880

Can help in calling assistance:
ambulance, duty medical officer, RSO,
etc.

National Emergency Operator 080

The 911 of Mexico – Spanish only.

Medica Movil Ambulance 5598-6222

Embassy account number: 60008

Fully equipped ambulance service with
paramedic or MD on board. Fee of at
least \$5400 pesos.

Red Cross Ambulance 065

53951111

Offers first aid and transport. Based on
donations.

2. NOTIFY THE DUTY MEDICAL OFFICER VIA SWITCHBOARD

You will need to pay up front for the any treatment provided. Please remember that emergency services are the responsibility of the employee and his/her insurance carrier. Payment of medically warranted hospitalizations will be coordinated by the health unit during regular business hours.

HOSPITALS

Please see enclosed maps for driving instructions and addresses. Extras can be picked up at the Health Unit.

AMBULANCES

MEDICA MOVIL

This company has a membership requirement that the Embassy has recently acquired. MOU with the Médica Móvil. ambulance service. It provides reliable and rapid service but has a cost associated with its use that remains the responsibility of the individual who is transported. What the MOU does is reduce the cost per event from about \$800 USD to about \$500 USD for mission members. This amount must be paid within 72 hours. It should be covered under most health insurance policies.

Médica Móvil should obviously not be called for trivial matters, but reserved for situations that are serious.

RED CROSS

The Red Cross ambulances are poorly equipped and have EMTs trained in basic life support. Services can be quite unreliable, with slow responses being frequent. They operate on a "donation" basis. The operator needs to be informed if oxygen is required. The Red Cross ambulance should be reserved for cases where an ambulance may be needed, but where there is no ability or willingness to assume responsibility for payment.

Maps to Hospitals

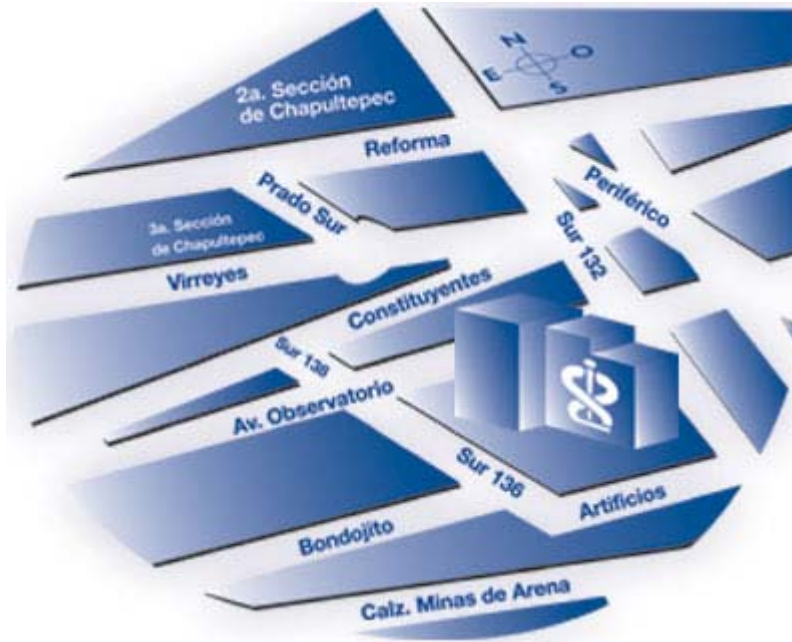
ABC HOSPITAL (OBSERVATORIO)

Sur 136 No. 116 Col. Las Américas, 01120 México, D.F.

Tel: 5230.8000

Maps for the ABC Hospitals are available online from <http://www.abchospital.com/>.

From the navigation bar at the left of the screen, point your cursor to "hospitalizacion" and then "Instalaciones".

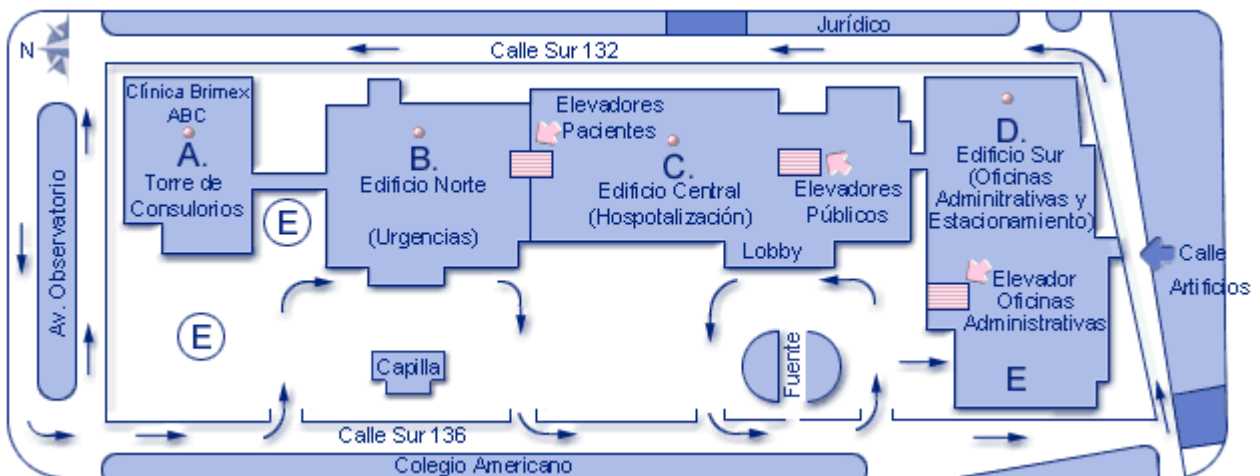


Driving Instructions

Take Reforma south until you reach the Petroleos Fountain. Turn left there, onto Periferico Sur.

Exit the Periferico at Tacubaya, then turn right at Av. Observatorio to get to the Hospital.

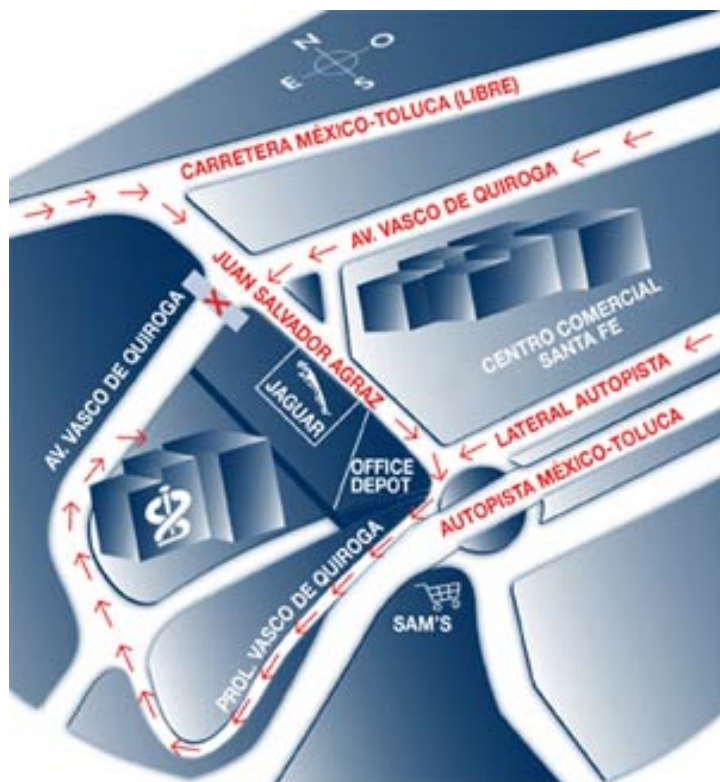
INTERNAL MAP



ABC HOSPITAL (SANTA FE)

Av. Carlos Graef Fernández 154 (enter from Av. Vasco de Quiroga), Col. Tlaxala Santa Fe, Cuajimalpa, 05300 México, D.F.

Tel: 1103.1600; EMERGENCIAS: 1103.1666 (Spanish)



From Constituyentes:

Travel towards Centro Comercial Santa Fe via Av. Vasco de Quiroga, at the end of which you will find calle Juan Salvador Agraz, turn left and continue past the roundabout (glorieta) follow the signs and turn right at Prol. Vasco de Quiroga.

From the Autopista de México a Toluca:

Take the exit for Centro Comercial Santa Fe, past the toll booth (cost \$5.00) continue straight, until the roundabout (glorieta) follow the signs and turn right at Prol. Vasco de Quiroga.

From Autopista de Toluca a México:

Take the exit to Santa Fe and

follow the signs.

From Carretera libre de Toluca a México:

Take the shortcut to Santa Fe by calle Juan Salvador Agraz, until you get to the roundabout (glorieta), follow the signs and turn right at Prol. Vasco de Quiroga.

From Autopista Chamapa – Lechería:

Exit at Interlomas y pass through el Olivo y the section of Vistahermosa to get to Centro Comercial Santa Fe.

Exit at the last toll booth of the freeway before entering the stretch of the highway to Toluca, take the free (libre) road to Mexico City and exit after the first signpost on the right that says Santa Fe. By this avenue you will arrive at the Centro Comercial Santa Fe, at Juan Salvador Agraz turn left, follow the signs and turn right at Prol. Vasco de Quiroga.

TRANSLATION GUIDE

CALLING FOR AN AMBULANCE:

Call **080** for the National
Emergency Operator.

I need an ambulance.
Necesito una ambulancia.

He/she is unconscious.
El/ella es inconsciente.

He/she had a heart attack.
Tuvo un ataque cardiaco.

The address is ...
El domicilio es ...

Take me/us to ... hospital.
Llevarme/ Llevarnos a hospital ...

**Is there anyone who speaks
English?**
Hay alguien que hable Ingles?

AT THE HOSPITAL:
I'm from the US Embassy.
Soy de la Embajada Americana.

I have an emergency.
Tengo una emergencia.

I need a doctor urgently.
Necesito un medico urgentemente.

I have... Tengo..
AIDS – SIDA
an allergy – una alergia
asthma – asma
cancer – cancer
diabetes – diabetes

high/low blood pressure – la
presion alta/baja
hypoglycemia - hipoglicemia

I am allergic to... soy alergico/a...
antibiotics - a los antibioticos
aspirin - a la aspirina
bees - a las abejas
codeine - a la codeina
penicillin - ala penicillina
pollen - al polen

I am taking medication.
Estoy tomando medicamentos.

SYMPTOMS:
It is difficult to breathe.
Es difcil respirar.

I've got pain here.
Tengo dolor aqui.
(point to specific area of pain)

I fell and injured this/here.
Me cai y me golpe aqui.
(indicate location of injury).

I have... Tengo..
a broken bone – un hueso roto
burns – quemaduras
chest pain – dolor del pecho
cramps – calambres
diarrhea – diarrhea
fever – fiebre
food poisoning – el
envenenamiento por comestibles
**pain (mild, bothersome,
throbbing, intense)** - dolor (leve,
molesto, pulsante, intenso)

sting/bite - una picadura
before – antes de
during – durante
after – despues de

I have been vomiting alot.
He estado vomitando mucho.

He/she is not eating.
No esta comiendo.

I feel nauseous.
Tengo nauseas.

I feel dizzy.
Me siento mareado/a.

I feel weak.
Me siento debil.

FEMALE ISSUES:
I am pregnant.
Estoy embarazada

**I have heavy bleeding
(hemorrhage)** Tengo una
hemorragia vaginal.

MAKING APPOINTMENTS:
**I want to make an appointment
with Dr. ...**
Quiero hacer una cita con el Dr. ...

Where is your office located?
Donde esta ubicado su
consultorio?

**Can I see a doctor today/
tomorrow?**

Puedo ver al medico hoy/
manana?

AT THE DOCTOR'S OFFICE:
I have an appointment with Dr.
...
Tengo una cita con el doctor ...

I am a first-time patient.
Es mi primer consulta.

AT THE PHARMACY:
Do you have ... (name of drug)?
Tiene ...?
What do you recommend for...?
Que recomienda para ...?

Prescription = Receta medica.

**How many times a day do I take
medicine?**
Cuantas veces al dia tomo este
medicamento?

How many pills a day?
Cuantas pastillas al dia?

I need a First-Aid kit.
Necesito un equipo de primeros
auxilios.

PAYMENT:
Can I have a receipt?
Puede darme una factura?